

International Health— Commitment to a Partnership

□ People everywhere—no matter what their nation's political structure—share certain basic needs and aspirations. These include freedom from hunger, from physical suffering, from war, disease, and pollution of the environment, and servitude to others; adequate shelter; the desire to see their children grow and have better opportunities than their parents; the ability to improve their lot in society through merit and hard work; the opportunity to learn, to travel freely, to enjoy the benefits of technology and civilization; and the time to appreciate life lived to the fullest. We can realize our humanity through these common aims irrespective of the political ideologies that divide us.

□ The United States, with both human and material resources, can indeed respond to calls for collaboration and assistance which come from people throughout the world, people who hope to end deprivation and fulfill their aspirations.

□ One-fourth of the world's population, or 1 billion people, live in absolute poverty, on the edge of starvation, and without even the simplest form of health care. In his inaugural message, President Carter pledged support to "guarantee the basic right of

every human being to be free from poverty and hunger and disease and political repression." His commitment to these problems remains a constant theme of his Administration.

□ The term "international health" refers to a broad range of often poorly defined activities. Among these activities the interests of the United States are primarily: the elimination of the remaining major infectious diseases afflicting mankind (those diseases deriving principally from poor sanitation and malnutrition and found mainly in the developing world); better access worldwide to a basic minimum level of health care, including nutrition and family planning services; the pooling of knowledge and fostering of collaborative research activities to advance medical science; the use of medicine as a medium to improve relations among nations, apart from traditional political channels; and the development of appropriate overseas uses for products and services of the U.S. health industry.

□ To achieve the goal of eliminating the major cripples and killers of the world and to provide a basic minimum standard of health care by the year 2000 requires not dramatic new scientific breakthroughs, but a commitment of will. Only when we place a high enough priority on the health of people everywhere, organizing and coordinating our existing resources adequately and setting clear objectives and policies, can we make these goals a reality.

□ The U.S. Government can lead, but it cannot achieve these goals. The Government must seek greater partnership with the U.S.

private sector, which already commits resources to international health that exceed those of the Federal Government. At the same time, our role must be complementary to and supportive of the work of the World Health Organization, the World Bank, other multilateral institutions, and other nations addressing problems related to international health.

□ The success of the world community in eradicating smallpox should be an important harbinger of what we can achieve in our lifetime: the elimination of so much human suffering that has been taken for granted in human existence—suffering that no longer needs to exist.



Peter G. Bourne, MD
Special Assistant to the President
for Health Issues

Cover: As a worker goes from house to house searching for smallpox, he shows a picture of a smallpox patient, announces a reward for reports of suspected cases, and collects such reports (as described in a paper beginning on page 147). Efforts like these by people throughout the world have made the global eradication of smallpox imminent. Many other achievements in international health are also reported in this issue.



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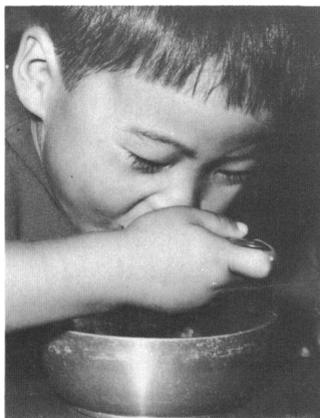
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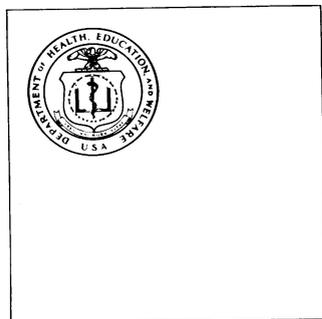


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Grants for Eight Centers for Clinical Research in Mental Health

■ The creation of a national network of centers devoted to clinical studies of mental disorders was announced in late 1977 by the National Institute of Mental Health of the Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service.

The Institute has awarded more than \$2 million in grants to establish eight Mental Health Clinical Research Centers, after several years of intensive planning. Each will provide a patient-oriented setting for scientists from several disciplines to work with clinicians. The program will be monitored by NIMH's Clinical Research Branch under the direction of Dr. Martin M. Katz, branch chief.

Investigators in each center will test the clinical usefulness of recent advances in genetics, biochemistry, psychopharmacology, and the psychosocial aspects of mental disorders. Each center will focus on a major problem area—psychosis, schizophrenia, depression, neurosis, or childhood psychopathology.

The new program reflects the Institute's commitment to a balanced approach to studying the nature, causes, and treatment of mental illness. The program also will encourage the training of young clinical scientists and technicians in complex techniques and advanced theories.

A similar program was tried in the late 1950's and early 1960's but was discontinued partly because adequately trained research scientists were hard to find. The level of knowledge about mental illness and the technology to study it were also much less developed than they are now. In the intervening years, the pool of skilled scientists has grown, and major findings about mental illness have accumulated.

The eight grant recipients were selected from 23 applicants. Although 14 research proposals had been approved for scientific merit, funds were available for only eight centers. Following are the eight recipients, the amount awarded for the first year of study, and a brief description of their planned research:

- University of California, Los Angeles, and Camarillo State Hospital, \$263,437.

Dr. Robert P. Liberman and his colleagues will initiate and develop a behaviorally oriented treatment and rehabilitation program for schizophrenic patients.

- University of California, Los Angeles, \$183,727. Dr. Peter E. Tanguay and his colleagues will use a biomedical research model to study autism and childhood schizophrenia.

- University of California, San Diego, \$288,133. Dr. David S. Janowsky will lead a group that will investigate the mood disorders.

- University of California, San Francisco, \$189,239. Dr. Mardi J. Horowitz is principal investigator for this new center, which will focus on the neuroses. The researchers will study neurotic reactions to stress and the outcome of brief psychotherapy with patients experiencing such reactions.

- University of Chicago, \$228,169. Dr. Herbert Meltzer will direct a center that will focus attention on biological and behavioral factors associated with the major psychoses.

- University of Pittsburgh, \$389,386. Dr. David J. Kupfer and his colleagues

will study depression and other mood disorders—what causes them, their prevalence in the population, and their treatment.

- Stanford University, Stanford, Calif., \$327,302. Dr. Philip A. Berger will direct a program designed to create a clinical research center in the psychiatric inpatient facilities of the Palo Alto Veterans Administration Hospital, which will function as a clinical research center.

- Yale University, New Haven, Conn., \$391,765. Dr. Malcolm B. Bowers and other researchers will study the neurological basis of psychiatric disorders in all age groups.

Research is already underway at all eight centers. The new money will help them become regional and national centers for mental health research. Some centers which are considered "developmental" will focus on problems that have received insufficient research attention in recent years, such as neuroses, mental illness in children, and the social rehabilitation of schizophrenics.

education note

Advances in Therapeutics. The University of Arizona College of Medicine, Office of Continuing Medical Education and Outreach, is sponsoring a symposium—Medical Horizons, *Advances in Therapeutics*—to be held June 30–July 2, 1978, in Flagstaff, Ariz. Tuition is \$150.

The course's objective is to update the knowledge of the practicing physician in the use of current and newly marketed therapeutic modalities. The faculty

will focus on recent developments, new indications, hazards, pitfalls, and the drug interactions of therapeutic agents. The content is designed primarily for the physician who prescribes frequently used or newer medications.

For further information and registration write Margo L. Walter, Coordinator, Office of Continuing Medical Education, University of Arizona College of Medicine, Tucson, Ariz. 85724.

Energy-Related Activities Given Higher Priority

■ In a move to reflect higher priority for energy-related activities of the agency, Dr. Henry A. Foley, Administrator of the Health Resources Administration, has transferred the Energy Action Staff (EAS) from the Office of Program Planning, Evaluation, and Legislation to his immediate office. EAS Director Burt Kline will now report directly to Foley in the HRA administrative structure.

The Energy Action Staff, first organized in HRA in 1975, has been responsible for providing direction and technical assistance to health care institutions and organizations in the development of energy conservation programs, the selection of optimal energy plants based on cost and fuel availability, and the use of alternate energy forms such as solar energy. EAS has held several regional training sessions on energy management for hospital and nursing home administrators and engineers, has prepared energy management manuals that are widely used by health institutions throughout the nation, has conducted, in cooperation with the American Hospital Association, the first survey of energy use data from the nation's 7,200 hospitals, and has promoted the development of national, regional, State, and local training programs and conferences on energy-related activities.

The Energy Action Staff is located at the HRA headquarters, Center Bldg., 3700 East-West Highway, Hyattsville, Md., 20782; telephone (301) 436-7263.

FEDERAL

AHECs—A Response to Geographic and Specialty Maldistribution. *DHEW Publication No. (HRA) 77-61*. 1977; 156 pages.

Physician Manpower Requirements. *DHEW Publication No. (HRA) 78-10*. 1977; 97 pages.

Consumer Self-Care in Health. *DHEW Publication No. (HRA) 77-3181*. August 1977; 40 pages.

Occupational Diseases: A Guide to Their Recognition. *DHEW Publication No. (NIOSH) 77-181*; 616 pages; \$5.25 (017-033-00266-5).

Peer Review of Research Grant Applications at the National Institutes of Health. 1977; *Office of Science and Health Reports, DRR, National Institutes of Health, Bethesda, Md. 20014*.

Toward An Educated Health Consumer: Mass Communication and Quality in Medical Care. Vol. 7. By Carter L. Marshall. *DHEW Publication No. (NIH) 77-881*; 63 pages.

An Interview With Rosalynn Carter. A transcript of a community service radio program from the Alcohol, Drug Abuse, and Mental Health Administration. *DHEW Publication No. (ADM) 78-582*. 1977; 13 pages.

The Child's Emotions: How Physical Illness Can Affect Them. Prepared by Joyce R. Wasserstein and Herbert Yahraes. *DHEW Publication No. (ADM) 77-497*. 1977; 6 pages.

Federal publications listed are obtainable from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by check or money order and should fully identify the publication. (Publications without prices may be obtained from the agency).

WORLD HEALTH ORGANIZATION

WHO Expert Committee on Biological Standardization, Twenty-eighth Report. *WHO Technical Report Series, No. 610*. 1977; 133 pages; \$4.40 (ISBN 92 4 120 610 4); Geneva.

Use of Ionizing Radiation and Radionuclides on Human Beings for Medical Research, Training, and Nonmedical Purposes. Report of a WHO Expert Committee. *WHO Technical Report Series, No. 611*. 1977; 39 pages; \$2.40 (ISBN 92 4 120611 4); Geneva.

World Directory of Schools for Dental Auxiliaries, 1973. 1977; 379 pages; \$16.80 (ISBN 92 4 050003 0); Geneva (bilingual English-French).

Report of the Regional Director, July 1976 to June 1977. 92 pages; WHO; Regional Office for Europe, Copenhagen.

Thirtieth World Health Assembly, Geneva, 2-19 May 1977. Part I. Resolutions and Decisions, Annexes. *Official Records of the World Health Organization, No. 240*. 1977; 91 pages; Geneva.

Executive Board, Sixtieth Session, Geneva, 23-24 May 1977. Part I. Resolutions and Decisions, Annexes. Part II. Summary Records. *Official Records of the World Health Organization, No. 242*. 1977; 117 pages; Geneva.

World Health Statistics Annual, Vol. I. Vital Statistics and Causes of Death. 1977; 744 pages; \$44.80 (ISBN 92 4 067771 2); Geneva (bilingual English and French).

World Health Statistics Annual, Vol II. Infectious Diseases: Cases and Deaths. 1977; 164 pages; \$9.60 (ISBN 92 4 067772 0); Geneva (bilingual English-French).

Evaluation of Educational Programs in Nursing. By Moyra Allen. 1977; 67 pages; \$5.60 (ISBN 92 4 156054 1); Geneva.

Publications of the International Agency for Research on Cancer. August 1977; 5 pages; Geneva.

WHO publications may be obtained from Q Corp. 49 Sheridan Ave., Albany, N.Y. 12210.

NON-FEDERAL

X-Rays: More Harm Than Good? By Pricilla W. Laws. 1977; 258 pages; \$8.95. Rodale Press, Inc., Emmaus, Pa. 18049.

A Guidebook for Employees on the Consumer Bill of Rights of Group Health Cooperative of Puget Sound. 1977; 18 pages. Benjamin H. Leifer, Health Education Dept., Group Health Cooperative of Puget Sound, 200-15th Ave. E., Seattle, Wash. 98112.

Hospital Costs in Colorado. By Patrick O'Donoghue with Tonie L. Gatch and Nancy R. Hoffman. 1977; 148 pages. Spectrum Research, Inc., 789 Sherman, Suite 500, Denver, Colo. 80203.

Health Care Systems in World Perspective. by Milton I. Roemer. 1976; 289 pages. Health Administration Press, M2240 School of Public Health, University of Michigan, Ann Arbor, Mich. 48109.

Report of the Committee on Infectious Diseases. 1977; \$6. American Academy of Pediatrics, Dept. P, P.O. Box 1034, Evanston, Ill. 60204.

Socioeconomic Issues of Health. 1977; \$4.50 (OP-5). Profile of Medical Practice. 1977; \$4.50 (OP-6). American Medical Association, 535 North Dearborn St., Chicago, Ill. 60610. Attn.: Order Dept.

Annual Report 1976, Department of Health, Province of British Columbia. 1977; 160 pages. Director, Health Education, Parliament Bldg., Victoria, B.C., Canada.

State-Approved Schools of Nursing—L.P.N./L.V.N. 1977. 87 pages; \$4.95 (Publication No. 19-1668). Psychological Aspects of Physical Disability: A guide

for the Health Care Educator. (League Exchange No. 114.) By M. G. Eisenberg. 1977; 38 pages; \$2.95 (Publication No. 20-1692). Evaluation of Students in Baccalaureate Nursing Programs. 1977; 98 pages; \$4.95 (Publication No. 15-1684). One Nurse—One Client: Planning Care Together. 1977; 72 pages; \$4.95 (Publication No. 52-1695). Role Expectation: Nurse Administrators, Governing Boards, Chief Executive Officers. 1977; 48 pages; \$3.95 (Publication No. 20-1693). Statistical Reporting in Home and Community Health Services. 1977; 49 pages; \$3.50 (Publication No. 21-1652). National League for Nursing, 10 Columbus Circle, New York, N.Y. 10019.

Health in New York State. A progress report by Kevin M. Cahill. 1977; 123 pages; \$3. Health Education Service, P.O. Box 7126, Albany, N.Y. 12224.

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Our readers are practicing public health officials, community health practitioners, faculty and students in colleges where the health disciplines are taught, and workers in research institutions, hospitals, and community health organizations.

Manuscript form. To facilitate review, authors should submit four copies of their manuscripts. All copy, including references, should be typed double spaced, and each page should end with a completed paragraph. Each chart and table should be placed on a separate sheet of paper. References should follow the style used by the journal. Footnotes should be worked into the text. Authors' affiliations should appear on a separate sheet. Authors are expected to recognize scientific contributions by those who have assisted them only if such contributions warrant mention in the affiliation space or in the text. Journal policy does not allow publication of separate "acknowledgements." Black and white photos and charts that illustrate papers are welcome.

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